

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215510377

1.) CORPORATION NAME:

AMERICAN ORTHOTIC AND PROSTHETIC ASSOCIATIONDUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0382525****CORPORATION SERVICE COMPANY****Bank of America Center, 16th Floor****1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 330 JOHN CARLYLE STREET
SUITE 200

CITY/ST/ZIP: ALEXANDRIA, VA 22314

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: TOM N DIBELLO CO
TITLE: PRESIDENT
ADDRESS: 330 JOHN CARLYLE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314☒ OFFICER☐ DIRECTORNAME: THOMAS F. KIRK PH.D.
TITLE: PRES ELECT
ADDRESS: 330 JOHN CARLYLE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314☒ OFFICER☐ DIRECTORNAME: ANITA LIBERMAN-LAMPEAR
TITLE: VICE PRESIDENT
ADDRESS: 330 JOHN CARLYLE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314☒ OFFICER☐ DIRECTORNAME: THOMAS F FISE
TITLE: S/EXEC DIR
ADDRESS: 330 JOHN CARLYLE STREET
STE 200
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314☒ OFFICER☐ DIRECTORNAME: JIM WEBER
TITLE: TREASURER
ADDRESS: 330 JOHN CARLYLE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314☒ OFFICER☐ DIRECTORNAME: KEL BERGMANN
TITLE: DIRECTOR
ADDRESS: 330 JOHN CARLYLE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314☐ OFFICER☒ DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE HAMONTREE DIRECTOR 330 JOHN CARLYLE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUSSEL J. HORNFISHER DIRECTOR 330 JOHN CARLYLE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALFRED E. KRITTER DIRECTOR 330 JOHN CARLYLE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EILEEN LEVIS DIRECTOR 330 JOHN CARLYLE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD MANGANIELLO DIRECTOR 330 JOHN CARLYLE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAHESH MANSUKHANI DIRECTOR 330 JOHN CARLYLE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL OROS DIRECTOR 330 JOHN CARLYLE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK VERO DIRECTOR 330 JOHN CARLYLE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS F FISE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS F FISE, S/EXEC DIR PRINTED NAME AND CORPORATE TITLE	3/20/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			